

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583 961

FILING DATE

APPLICANT(S)

CLAIMS

(1)	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	—	↓	3	↓	0	↓
TOTAL DEP.	—	←	10	←	0	←
TOTAL CLAIMS	0	████████	20	████████	0	████████

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	████████	0	████████	0	████████